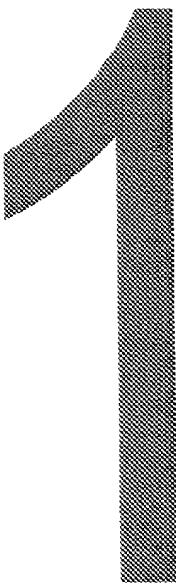


UNITED STATES PATENT AND TRADEMARK OFFICE
DOCUMENT CLASSIFICATION BARCODE SHEET



Transmittal



Level - 2
Version 1.1

03/23/01

JC966 U. S. PTO

03-26-01

4
JC971 U. S. PTO
03/23/01


CHOATE, HALL & STEWART

A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

EXCHANGE PLACE

53 STATE STREET

BOSTON, MASSACHUSETTS 02109-2891

TELEPHONE (617) 248-5000

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BOX PATENT APPLICATION
ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, DC 20231

Express Mail No.: EL674750422US

Attorney Docket No.: 0492611-0375

Date Filed: March 23, 2001

UTILITY PATENT APPLICATION TRANSMITTAL

(FOR NEW NONPROVISIONAL APPLICATIONS UNDER 37 C.F.R. § 1.53(B))

Dear Sir:

Please find enclosed a patent application and papers as follows for:

Inventor(s):

Given Name (first and middle)	Family Name or Surname	Residence (City and State or Foreign Country)
Roger D.	Kamm	Weston, MA, US
Jonathan P.	Gertler	Weston, MA, US

Title of the Invention: METHOD AND APPARATUS FOR STIMULATING ANGIOGENESIS
AND WOUND HEALING BY USE OF EXTERNAL COMPRESSION

A) APPLICATION ELEMENTS:

- 1) Fee Transmittal Form (original and duplicate submitted for fee processing)
- 2) Applicant Claims Small Entity Status (see 37 CFR 1.27)
 - a) Statement Verifying Small Entity Status (optional)

EXPRESS MAIL NO.: EL674750422US
DATE FILED: MARCH 23, 2001

3237040_1.DOC

3) X Specification TOTAL PAGES: 60

- Descriptive Title of the Invention
- Cross References to Related Applications (if applicable)
- Statement Regarding Federally Sponsored R & D (if applicable)
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Summary of the Invention
- Description of the Drawing (if filed)
- Detailed Description of the Invention
- Claim(s)
- Abstract of the Invention

4) X Drawing(s) (35 U.S.C. § 113) TOTAL SHEETS: 8

a) Formal Drawings (if checked)

5) X Oath or Declaration TOTAL PAGES: 3

- a) Newly Executed (original or copy)
- b) Copy from a prior application (37 C.F.R. § 1.63(d))-for continuation/divisional application
 - i) DELETION OF INVENTOR(S): Signed Statement deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
- c) Unexecuted

6) **Application Data Sheet.** See 37 CFR 1.76.

7) CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8) Nucleotide and/or Amino Acid Sequence Submission (if applicable, all are necessary)

- a) Computer Readable Form (CRF)
- b) Specification Sequence Listing on:
 - i) CD-ROM or CR-R (2 copies); or
 - ii) Paper
- c) Statements verifying identity of above copies

B) ACCOMPANYING APPLICATION PARTS:

- 9) **Assignment Papers** (cover sheet & document(s))
- 10) **37 C.F.R. § 3.73(b) Statement** (when there is an assignee)
- 11) **Power of Attorney**
- 12) **English Translation Document** (if applicable)
- 13) **Information Disclosure Statement (IDS)/PTO-1449**
- 14) **Copies of IDS Citations**
- 15) **Preliminary Amendment**
- 16) **Return Receipt Postcard (MPEP 503)** (specifically itemized)
- 17) **Certified Copy of Priority Document(s)** (if foreign priority is claimed)
- 18) **OTHER:** (if applicable, specified below)

C) FOR CONTINUING APPLICATIONS: (the appropriate box is checked, and certain information is provided below and in a preliminary amendment)

CONTINUATION DIVISIONAL CONTINUATION-IN-PART (CIP)

OF PRIOR APPLICATION NO: _____

FILED: _____

EXAMINER: _____

GROUP/ART UNIT: _____

FOR CONTINUATION OR DIVISIONAL APPLICATIONS ONLY: The entire disclosure of the prior application, from which an oath or declaration is supplied as detailed above, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.

D) METHOD OF PAYMENT OF FILING FEES FOR THIS APPLICATION:

Applicant claims small entity status 37 CFR 1.27

A check is enclosed to cover the filing fees as determined on the fee transmittal enclosed herewith

The commissioner is hereby authorized to charge filing fees or credit any overpayment to deposit account number 03-1721.

Total filing fee amount \$1,248.00

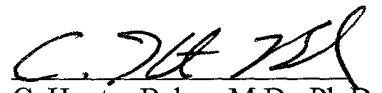
E) CORRESPONDENCE ADDRESS:

Customer Bar Code Label: _____

Correspondence Address:

C. Hunter Baker, M.D., Ph.D.
Choate, Hall & Stewart
53 State Street
Exchange Place
Boston, MA 02109
phone: (617) 248-5000
fax: (617) 248-4000

Respectfully Submitted,



C. Hunter Baker, M.D., Ph.D.
Reg. No.: 46,533

CHOATE, HALL & STEWART
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Exchange Place
Boston, MA 02109
Phone: (617) 248-5000
Fax: (617) 248-4000

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 1,248.00)

Complete if Known

Application Number	
Filing Date	March 23, 2001
First Named Inventor	Kamm et al.
Examiner Name	
Group Art Unit	
Attorney Docket No.	0492611-0375

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to.

Deposit Account Number **03-1721**
Deposit Account Name **Choate, Hall & Stewart**

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	\$ 355
106 320	206 160	Design filing fee	
107 490	207 245	Plant filing fee	
108 710	208 355	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) **(\$355.00)**

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
82	-20** = 62		x 9.00	=	558.00
8	- 3** = 5		x 40.00	=	200.00
					135.00 = 135.00

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 80	202 40	Independent claims in excess of 3
104 270	204 135	Multiple dependent claim, if not paid
109 80	209 40	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **(\$ 893.00)**

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 390	216 195	Extension for reply within second month	
117 890	217 445	Extension for reply within third month	
118 1,390	218 695	Extension for reply within fourth month	
128 1,890	228 945	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,240	241 620	Petition to revive - unintentional	
142 1,240	242 620	Utility issue fee (or reissue)	
143 440	243 220	Design issue fee	
144 600	244 300	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))	
179 710	279 355	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$ 0)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	C. Hunter Baker, M.D., Ph.D.	Registration No. (Attorney/Agent)	46,533	Telephone	617-248-5215
Signature				Date	03/23/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement This form is estimated to take 0 2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Washington, DC 20231